



Addendum 2: 2020 Household Hazardous Waste Collection Event RFP

The following questions and documents have been requested by interested firms and are being provided publicly to all interested parties:

Please provide page 1 of the manifest?

[Page 1 is attached.](#)

[An additional page is attached as well.](#)

[That should be the complete manifest for the 2019 event.](#)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number 261.4(B)(1)	2. Page 1 of 1/3	3. Emergency Response Phone 800-424-5800	4. Manifest Tracking Number 019098377 JJK
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5. Generator's Name and Mailing Address CARE ENVIRONMENTAL CORP 1620 RT 57 UNIT B HACKETTSTOWN, NJ 07840 Generator's Phone: 908-651-5724	Generator's Site Address (if different than mailing address) KROGER SHOPPING CENTER KNOX AVE N. AUGUSTA, SC 29861
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6. Transporter 1 Company Name CARE ENVIRONMENTAL CORP	U.S. EPA ID Number NJR986651743
7. Transporter 2 Company Name	U.S. EPA ID Number

8. Designated Facility Name and Site Address CARE ENVIRONMENTAL CORP 714 GIL HARBIN INDUSTRIAL BLVD VALDOSTA, GA 31601 Facility's Phone: 229-469-8072	U.S. EPA ID Number GAR000035899
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9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WT/Vol.	13. Waste Codes
		No.	Type			
X	1. UN1075, PETROLEUM GASES LIQUIFIED, 2.1 PROP	01	DM	250	P	
X	2. UN1956, COMPRESSED GAS, N.O.S., 2.2, (FIRE EXTINGUISHERS) FXC	01	DM	250	P	
	3. CONSUMER COMMODITIES ORM-D AEROSOLS AERO	01	CF	500	P	
X	4. UN1263, PAINT 3, PGII		DM		P	

14. Special Handling Instructions and Additional Information

IN CASE OF EMERGENCY CALL CHEMTREC: 800-424-5800

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offoror's Printed/Typed Name Dennis L Hall	Signature <i>[Signature]</i>	Month Day Year 5 19 18
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16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials	Signature <i>[Signature]</i>	Month Day Year 5 19 18
Transporter 1 Printed/Typed Name Anthony Ottomere	Signature <i>[Signature]</i>	Month Day Year
Transporter 2 Printed/Typed Name	Signature	Month Day Year

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection

Manifest Reference Number: _____

18b. Alternate Facility (or Generator) U.S. EPA ID Number _____

Facility's Phone: _____

18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.	2.	3.	4.
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20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a.	Signature <i>[Signature]</i>	Month Day Year 5 21 18
Printed/Typed Name Dennis L Hall		

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

Please print or type.

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number EXEMPT PER 40 CFR	2. Page 1 of 3	3. Emergency Response Phone 800-424-5800	4. Manifest Tracking Number 019965209 JJK	
5. Generator's Name and Mailing Address CARE ENVIRONMENTAL CORP 1620 RT 57 UNIT B HACKETTSTOWN, NJ 07840		Generator's Site Address (if different than mailing address) KROGER SHOPPING CENTER 1284 KNOX AVE N. AUGUSTA, SC 29861		Generator's Phone: 908-651-5725		
6. Transporter 1 Company Name CARE ENVIRONMENTAL CORP		U.S. EPA ID Number NJR986651743		7. Transporter 2 Company Name		
8. Designated Facility Name and Site Address ENVIRONMENTAL ENTERPRISES INC. 4650 SPRING GROVE AVE CINCINNATI, OH 45232		U.S. EPA ID Number OHD083377010		Facility's Phone: 513-541-1823		
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
X	1. UN1075, PETROLEUM GASES, LIQUIFIED, 2.1	02	DM	503	P	
X	2. UN1956, COMPRESSED GAS, N.O.S., 2.2 (FIRE EXTINGUISHERS)	01	DM	239	P	
	3. CONSUMER COMMODITIES ORM-D AEROSOLS	01	CF	601	P	
X	4. UN1993, FLAMMABLE LIQUID, N.O.S., 3, PGII (<i>PLA, stains</i>)	02	CF DM	1,625	P	
14. Special Handling Instructions and Additional Information						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offoror's Printed/Typed Name Dennis L Hall		Signature <i>[Signature]</i>		Month Day Year 05 18 19		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Edy R McDonald		Signature <i>[Signature]</i>		Month Day Year 5 18 19		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)						Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name		Signature		Month Day Year		